ALASKA DOC EMPLOYEE SELF-SCREEN FOR COVID-19

EFFECTIVE 10/29/2020

Your health and well-being are of the upmost importance and we are taking measures to keep the office a safe environment for employees, individuals under our charge, and the public. Therefore, anyone coming into a Department of Corrections office must affirm the following:

1. I do not have new onset of any of the following symptoms:

- Fever
- Cough
- Shortness of breath
- Chills
- New loss of taste or smell
- Diarrhea
- Fatigue
- Headache
- Muscle/joint aches
- Nausea or vomiting
- Congestion or runny nose
- Sore throat

2. In the past 14 days I have not cared for or been in close contact with someone with suspected or confirmed COVID-19. (Close contact is defined as within 6 feet for more than 10 minutes cumulatively without wearing personal protective equipment.)

3. My temperature is at or below 100.4° F. (I understand that until further notice I must take my temperature daily before reporting to the office).

4. I understand that if I have been tested for COVID-19, I may not return to work unless I meet the Return to Work Criteria found in the Supervisors Guidance for COVID-19, Appendix 3 of the DOC COVID Response Plan

________________________    ________________________    _______________________
Employee Name               Signature                      Date